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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

|                        |               |
|------------------------|---------------|
| Application Number     | 09/525,412    |
| Filing Date            | 15-March-2000 |
| First Named Inventor   | SHEPPARD      |
| Group Art Unit         |               |
| Examiner Name          |               |
| Attorney Docket Number | 25684.114     |

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

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This request is enclosed in triplicate.

Name **THOMAS W KRAUSE**

Signature

Date

2/6/02

**NOTE: Withdrawal is effective when approved rather than when received.**

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.